

FORM**42**Rev
03/12**State of Colorado
Oil and Gas Conservation Commission**

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**OGCC RECEPTION****Receive Date:****10/25/2012****Document Number:****400339372****NOTICE OF NOTIFICATION****Entity Information**

OGCC Operator Number: 66571

Contact Person: Christina Pierce

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City: HOUSTON State: TX Zip: 77227

Email: Chrisitina_Pierce@oxy.com

API #: 05 - 045 - 20956 - 00

Facility ID:

Location ID:

Facility Name: Cascade Creek 697-05-57B

Sec: 8

Twp: 6S

Range: 97W

QtrQtr: NENW

Lat: 39.543780

Long: -108.246500

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 10/29/2012

Time: 08:00 (HH:MM)

Estimated first date of flow back November 15, 2012

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Christina Pierce

Email: Chrisitina_Pierce@oxy.com

Signature: Christina Pierce

Title: Engineering Tech

Date: 10/25/2012